Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number: /

Filing at a Glance

Company: United States Fire Insurance Company

Product Name: AR-USF-2008-Rates-Pet SERFF Tr Num: CRUM-125441924 State: Arkansas TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: #0 \$0

Sub-TOI: 09.0004 Pet Insurance Plans Co Tr Num: State Status: Fees verified and

received

Filing Type: Rate Co Status: Reviewer(s): Becky Harrington,

Betty Montesi, Brittany Yielding

Author: Vera Harwell Disposition Date: 01/22/2008

Date Submitted: 01/21/2008 Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/22/2008

State Status Changed: 01/22/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

New Business Rate Filing

Policy Forms:

RFP-06 RISK FREE PLAN

AO-06 ACCIDENT ONLY PLAN

BP-06 BASIC PLAN

VP-06 VALUE PLAN

BEP-06 BEST PLAN

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number:

CP-06 CHOICE PLAN

PI-DEC-06 DECLARATION PAGE

PI-J-06 POLICY JACKET

PI-APP APPLICATION

Your Department on 12/06/06 approved the above referenced Pet Filing forms and stamped the accompanying rates as EXEMPT on 12/1/06. Enclosed please find our filing of new business rates for 2008 for this product.

These rates do not impact any existing policyholders. The underwriting rates and rules are filed along with the new rates, however no changes have been made to the underwriting information. The only changes that have been made are to the new rates for 2008.

Should you require any further information, or have any questions, please contact the undersigned.

Sincerely,

Eveanne Wood
Senior Compliance Analyst
Fairmont Specialty, a division of Crum & Forster
ewood@fairmontspecialty.com

Tel: 732-918-6718

Company and Contact

Filing Contact Information

Vera Harwell, Compliance Manager vharwell@fairmontspecialty.com

5 Christopher Way (732) 918-6713 [Phone] Eatontown, NJ 07724 (732) 918-4755[FAX]

Filing Company Information

United States Fire Insurance Company CoCode: 21113 State of Domicile: Delaware

SERFF Tracking Number: CRUM-125441924 State: Arkansas

Filing Company: United States Fire Insurance Company State Tracking Number: #0 \$0

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number:

305 MADISON AVENUE Group Code: 158 Company Type: MORRISTOWN, NJ 07962 Group Name: State ID Number:

(973) 490-6476 ext. [Phone] FEIN Number: 13-5459190

SERFF Tracking Number: CRUM-125441924 State: Arkansas

Filing Company: United States Fire Insurance Company State Tracking Number: #0 \$0

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number: /

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: \$100.00 per rate filing

Per Company: No

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/22/2008	01/22/2008

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number: /

Disposition

Disposition Date: 01/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CRUM-125441924 State: Arkansas

Filing Company: United States Fire Insurance Company State Tracking Number: #0 \$0

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number:

Item Type Item Name Item Status Public Access

Supporting DocumentP&C Transmittal DocumentFiledYes

Rate Rating Guidelines Filed Yes

SERFF Tracking Number: CRUM-125441924 State: Arkansas #0 \$0

Filing Company: United States Fire Insurance Company

State Tracking Number:

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number:

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number:

Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments
#: Number:

Filed Rating Guidelines New Signed Rating

Guidelines 01.14.08.pdf

UNITED STATES FIRE INSURANCE COMPANY

PET INSURANCE

Policy Form #RFP-06, AO-06, BP-06, VP-06, BEP-06, CP-06

United States Fire Insurance Company is submitting the attached revised Rating Guidelines, effective February 15, 2008. Please replace the current Rating Guidelines with the enclosed revised Rating Guidelines. Premium rates have been increased to account for trend. All other elements of the approved actuarial memorandum for this policy form remain unchanged.

Certification

I, Alison J. Saifer, am a consulting actuary for United States Fire Insurance Company. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify, to the best of my knowledge and judgment, that based on emerging experience for this policy form, that the benefits provided by the policy are reasonable in relation to the proposed premium.

Alison J. Saifer, FSA, MAAA

Actuarial Management Strategies, Inc.

January 14, 2008

WAG'N PET CLUB Petshealth Care Plan (Pet Insurance) Rating Guidelines February 15, 2008

1. Eligibility

This insurance coverage is intended to provide reimbursement of veterinary medical expenses to pet owners of dogs and cats for illness or injury. Illness coverage has a 15-day waiting period for our Risk Free Plan and a 30-day waiting period on all other plans; however, all other coverage starts from the effective date of the certificate. Eligible animals are dogs eight weeks old to twelve years and cats eight weeks old to fourteen years old to members of the WAG'N PET CLUB. Age is determined by the calendar year in which the animal was born regardless of the month. There is no age limit applied to our Accident Only Plan.

2. Ineligible

- Dogs over the age of twelve years of age unless covered prior to turning age thirteen; not applied to Accident Only Plan.
- Cats over the age of fourteen years of age unless covered prior to turning age fifteen; not applied to Accident Only Plan.
- Any animal diagnosed with a chronic or terminal illness prior to the intended effective date of coverage. The following is a partial list of the most common illnesses that make an animal ineligible for coverage: Cancer, Diabetes, Untreated Hip Dysplasia, Leukemia, AIDS Virus, Addison's Disease, Auto Immune Deficiency, Cushing's Disease, cardiac and renal conditions. Accident Only Plan has no illness ineligibility clauses.
- Shar Pei breed of dog, including non-pure bred ineligible for coverage other than injury only.
- Accident Only ineligible for coverage other than injury only.

For the purposes of determining eligibility and surcharges on dog or cat breeds, pure breed shall mean any animal registered with the American Kennel Club (AKC) and non-pure breed shall mean the predominate breed of the animal even though it is not registered with the AKC.

3. Rating

Accident Only Plan covers injury only	Dog Cat	\$114.00 annual premium \$ 90.00 annual premium
Basic Care Plan – covers illness and injury only	Dog Cat	\$210.00 annual premium \$150.00 annual premium
Value Care Plan – covers illness, injury and essential preventive	care	
	Dog	\$402.00 annual premium
	Cat	\$306.00 annual premium
Choice Care Plan – covers illness, injury and comprehensive pro	eventive	care
	Dog	\$708.00 annual premium
	Cat	\$612.00 annual premium
Best Care Plan – covers illness, injury, essential preventive and	lona-ter	m care
	Dog	\$924.00 annual premium
	Cat	\$816.00 annual premium

Multiple pet discount when 2 or 3 animals are insured under the same plan.

- 10% discount will be applied to 2nd and 3rd animal.
- Discount does not apply to animal 1, which is the highest rated animal.
- Discount does not apply to Accident Only Plan.

Surcharges (to be applied multiplicatively to the base premium).

- 15% to the annual premium for residences in metropolitan areas. Metropolitan area means those
 with populations greater than 1 million and/or whose average household income is greater than
 \$60,000.
- Metropolitan surcharges are not applicable to the Accident Only Plan.
- 10% to the annual premium for the following breeds of dogs: Basset Hound, Bernese Mountain, Boxer, Bouvier des Flandres, Cavalier King Charles Spaniel, Cocker Spaniel, Dalmatian, Newfoundland, German Shepherd, Irish Wolfhound, Soft-Coated Wheaten Terrier, Standard Poodle.
- 20% to the annual premium for the following dog breeds: Schnauzers, Mastiffs, Great Pyrenees,
 Doberman, Great Dane, Saint Bernard, Boykin Spaniel, Bulldogs, Dogue de Bordeaux.
- Excess age groups for renewals only:

Dogs	9 – 11 years 12 years and older	25% surcharge 50% surcharge
Cats	11 – 12 years 13 years and older	10% surcharge 20% surcharge

^{*} Age surcharges are not applicable to the Accident Only Plan.

4. Fees

The Certificate Issuance Fee of \$10.50 is a single fee charged annually at inception and at renewal. Certificate holders that decide to pay their premium annually are exempt from this fee.

5. Certificate Limits

Certificates are written with a limit per any one incident and a maximum any one certificate year. The following limits apply per certificate coverage type:

Accident Only Plan - \$2,500 any one incident / \$8,000 per certificate \$1,500 any one incident / \$8,000 per certificate \$1,500 any one incident / \$11,000 per certificate \$5,000 any one incident / \$13,000 per certificate \$2,500 any one incident / \$13,000 per certificate \$2,500 any one incident / \$2,500 per certificate

6. Deductible

This coverage is written with an annual aggregate deductible of \$100 for covered expenses. Once the annual deductible has been met, we will reimburse 80% of each covered expense.

¹ American Animal Hospital Association 4th Edition Veterinary Fee Reference 2005: veterinary clinic fees were higher in these metropolitan defined areas.

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-USF-2008-Rates-Pet

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: P&C Transmittal Document Filed 01/22/2008

Comments:

Transmittal Document with Description is attached. Check has been requested and will be mailed upon receipt.

Attachment:

AR P&C Transmittal.pdf

Property & Casualty Transmittal Document

		2. Ins	uran	ice Departm	ent Use	only			
		a. Date	e the	filing is rece	ived:	***************************************	•		
		b. Ana	ılyst:						
	c. Dis			position:					
		d. Date	re of disposition of the filing:						
		e. Effe	ctive	date of filing	<u></u>				-
				ew Business					
		6 01 1		enewal Busin	iess				
				ng #:					
*		g. SEF	RFF F	Filing #:					
		h. Sub	ject (Codes					
3.	Group Name							O NAIO	
٠.	United States Fire Insurance Co	Δ						Group NAIC 0158-2113	#
	Company Name(s)		····	Domicile		NAIC #		FEIN #	
4.									
	United States Fire Insurance (Co		DE	, , , , , , , , , , , , , , , , , , ,	0158-211	13	13-5459190	
						1			
								·	
5.	Company Tracking Number			CRUM-12544	1924				
erana establicada			[incl						
erana establicada	Company Tracking Number ntact Info of Filer(s) or Corporate Name and address		[incl	CRUM-12544 ude toll-free n Telephone	umber]	FAX #		e-mail	
Cor	ntact Info of Filer(s) or Corporate	Officer(s) Title Senior	-	ude toll-free n	umber] #s	FAX # 2-918-4755	1	od@fairmonts	peci
Cor	ntact Info of Filer(s) or Corporate Name and address	Officer(s) Title Senior Complian	-	ude toll-free n Telephone	umber] #s		1		peci
Cor 6.	ntact Info of Filer(s) or Corporate Name and address Eveanne Wood	Officer(s) Title Senior	-	ude toll-free n Telephone 732- 918-67	# s 12 73	2-918-4755	1	od@fairmonts	peci
Cor 6. 7.	ntact Info of Filer(s) or Corporate Name and address Eveanne Wood Signature of authorized filer	e Officer(s) Title Senior Complian Analyst	ce	ude toll-free n Telephone 732- 918-67	# s	2-918-4755	1	od@fairmonts	pecì
Cor 6. 7.	ntact Info of Filer(s) or Corporate Name and address Eveanne Wood Signature of authorized filer Please print name of authorize	e Officer(s) Title Senior Complian Analyst	ce	ude toll-free n Telephone 732- 918-67 X Zuca	#s 12 73	2-918-4755	1	od@fairmonts	peci
7. 8.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized filer	e Officer(s) Title Senior Complian Analyst	ce s for c	ude toll-free n Telephone 732- 918-67 X — X — Eveanne Wedescriptions	#s [12 73] - WW ood of these	2-918-4755	1	od@fairmonts	peci
7. 8. Filling.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized ng information (see General I	e Officer(s) Title Senior Complian Analyst ed filer nstructions	ce s for c	ude toll-free n Telephone 732- 918-67 X Zucc Eveanne Wedescriptions 0000 Inland	#s [12 73] \[\sqrt{12 \text{73}} \] \[\sqrt{000d} \] ood of these Marine	2-918-4755	1	od@fairmonts	peci
7. 8. Filling.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sul	e Officer(s) Title Senior Complian Analyst ed filer nstructions	s for c	x Zucu- Eveanne Wood on the control of the control	#s [12 73] \[\sqrt{12 \text{73}} \] \[\sqrt{000d} \] ood of these Marine	2-918-4755	1	od@fairmonts	peci
7. 8. Filling.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized ng information (see General I	e Officer(s) Title Senior Complian Analyst ed filer nstructions b-TOI) (s)(if	ce s for c	x Zucu- Eveanne Wood on the control of the control	#s [12 73] \[\sqrt{12 \text{73}} \] \[\sqrt{000d} \] ood of these Marine	2-918-4755	1	od@fairmonts	peci
7. 8. Filli 9. 10. 11.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar	e Officer(s) Title Senior Complian Analyst ed filer nstructions o-TOI) (s)(if	for co	ude toll-free n Telephone 732- 918-67 X	#s [12 73] Wood of these Marine trance	2-918-4755 fields)	alty	od@fairmonts .com	peci
7. 8. Filli 9. 10.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code applicable)[See State Specific Rec	e Officer(s) Title Senior Complian Analyst ed filer nstructions o-TOI) (s)(if	s for constant of the second s	x Eveanne Woodescriptions of 0000 Inland 004 Pet Insuranted Examples Company of the company of t	#s 12 73 73 73 73 73 73 73 73 73 73 73 73 73	2-918-4755 fields) Rules [x]	Rates	od@fairmonts .com	peci
7. 8. Filli 9. 10. 11.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar	e Officer(s) Title Senior Complian Analyst ed filer nstructions o-TOI) (s)(if	s for o	x Zuccere and the second secon	#s 12 73 73 73 73 73 73 74 75 75 75 75 75 75 75	fields) Rules [x] ation Rates/Ri	Rate:	od@fairmonts com	peci
7. 8. Filli 9. 10. 11.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar	e Officer(s) Title Senior Complian Analyst ed filer nstructions o-TOI) (s)(if	s for o	x Zuccere and the second secon	#s 12 73 73 73 73 73 73 74 75 75 75 75 75 75 75	2-918-4755 fields) Rules [x]	Rate:	od@fairmonts com	peci
7. 8. Filli 9. 10. 11.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar	e Officer(s) Title Senior Compliant Analyst ed filer nstructions o-TOI) (s)(if quirements] keting title)	s for o	ude toll-free notes to the toll-free notes to	#s [12 73] Ood of these Marine trance ost [] Combina [] Othe	fields) Rules [x] ation Rates/Ri	Rate: ules/fription	od@fairmonts com	peci
7. 8. Filli 9. 10. 11. 12. 13.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized In the second of t	e Officer(s) Title Senior Complian Analyst ed filer Instructions b-TOI) (s)(if quirements] keting title)	s for co 9.00 N/a Pet: [] [] [] New	ude toll-free notes to the toll-free notes to	www.dood of these Marine rance ost [] Combina] Othe	2-918-4755 fields) Rules [x] ation Rates/Rules r (give description)	Rate: ules/fription	od@fairmonts com	peci
7. 8. Filli 9. 10. 11. 12. 13.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if a	e Officer(s) Title Senior Compliant Analyst ed filer Instructions (s)(if Quirements) (keting title)	s for co 9.00 N/a Pet: [] [] [] New	Telephone 732- 918-67 X Eveanne Wordescriptions of the company of	www.dood of these Marine rance ost [] Combina] Othe	2-918-4755 fields) Rules [x] ation Rates/Rules r (give description)	Rate: ules/fription	od@fairmonts com	peci
7. 8. Filli 9. 10. 11. 12. 13.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sul State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if a Reference Organization # &	e Officer(s) Title Senior Compliant Analyst ed filer Instructions (s)(if Quirements) (keting title)	s for o	Telephone 732- 918-67 X Eveanne Wordescriptions of the company of	www.dood of these Marine rance ost [] Combina] Othe	2-918-4755 fields) Rules [x] ation Rates/Rules r (give description)	Rate: ules/fription	od@fairmonts com	peci
7. 8. Filli 9. 10. 11. 12. 13.	Name and address Eveanne Wood Signature of authorized filer Please print name of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Rec Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if a	e Officer(s) Title Senior Compliant Analyst ed filer Instructions (s)(if Quirements) (keting title)	s for constant of the second s	ude toll-free notes to the phone of the phon	wimber] #s 12 73 ood of these Marine rance ost [] Combina] Othe I No	2-918-4755 fields) Rules [x] ation Rates/Rules r (give description)	Rate: ules/friptior	s/Rules Forms	

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # CRUM-125441924

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

New Business Rate Filing

Policy Forms:

RFP-06 RISK FREE PLAN

AO-06 ACCIDENT ONLY PLAN

BP-06 BASIC PLAN
VP-06 VALUE PLAN
BEP-06 BEST PLAN
CP-06 CHOICE PLAN

PI-DEC-06 DECLARATION PAGE

PI-J-06 POLICY JACKET PI-APP APPLICATION

Your Department on 12/06/06 approved the above referenced Pet Filing forms and stamped the accompanying rates as EXEMPT on 12/1/06. Enclosed please find our filing of **new business rates for 2008** for this product.

These rates do not impact any existing policyholders. The underwriting rates and rules are filed along with the new rates, however no changes have been made to the underwriting information. The only changes that have been made are to the new rates for 2008.

Should you require any further information, or have any questions, please contact the undersigned.

Sincerely,

Eveanne Wood Senior Compliance Analyst Fairmont Specialty, a division of Crum & Forster ewood@fairmontspecialty.com

Tel: 732-918-6718

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount: \$100.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)
PC TD-1 pg 2 of 2

© 2007 National Association of Insurance Commissioners